

ISSUE SHEET STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		9/12/99
O.I.P.E. CLASSIFIER		49	10/15/99
FORMALITY REVIEW	DM	10223	10/21/97

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	10/14/99
2	✓	✓	4-9-03
3	✓	✓	9-12-03
4	✓	✓	3-22-04
5	✓	✓	11-11-04
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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If more than 150 claims or 10 actions
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